Department of the

Treasury

DLN: 93493134068741

2019

OMB No. 1545-0047

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

 \blacktriangleright Go to $\underline{\textit{www.irs.gov/Form990}}$ for instructions and the latest information.

Open to Public Inspection

		2019 6	ı alendar year, or tax year begini	ning 07-01-2019 and endin	a 06-30-	2020			
		oplicable:	C Name of organization	ining 07-01-2019 , and ending	g 00-30-	-2020	D Employe	r identi	fication number
_		change	WHYY INC				23-1438		
	me cha	-	% KEVIN A YOSHIOKA Doing business as					003	
	tial return	urn n/terminated	Doing business us						
		return		ail is not delivered to street address)	Room/suite	e	E Telephone	numbei	
□Ар	plicatio	on pending	150 NORTH SIXTH STREET				(215) 35	1-1200	ı
			City or town, state or province, coun PHILADELPHIA, PA 19106	try, and ZIP or foreign postal code					
			<u> </u>				G Gross rec	eipts \$ 4	5,124,190
			F Name and address of principal William J Marrazzo CEO	officer:			this a group ret	urn for	
			150 NORTH SIXTH STREET				ubordinates? re all subordinate	·S	☐Yes ☑No
T Ta	v-evem	npt status:	PHILADELPHIA, PA 19106			`´in	cluded?		☐ Yes ☐No
		,	№ 501(c)(3)	insert no.)			"No," attach a lis	•	•
J W	ebsite	е:▶ НТТ	rp://www.whyy.org			11(C) G	roup exemption r	number	•
V Forr	n of or	ganization:	Corporation Trust Associ	riation Other •	1	L Year of f	formation: 1953	M State	of legal domicile: PA
r FUII	11 01 019	gariizatiori.	Corporation — must — Assoc	clation in Other					
Pa	art I	Sumi	mary				•		
			scribe the organization's mission or FHE PHILADELPHIA REGION'S LEAD		SEDVING	SOUTHE	ASTEDNI DENING	/1 \ / A NIT	A SOUTHERN NEW
e)			ND ALL OF DELAWARE.	DING PUBLIC MEDIA PROVIDER,	SEKVING	300111	ASTERN PENNS	LVAINI	1, 300 THERN NEW
anc anc	-								
Ē									
Activities & Governance	2	Check thi	is box $\blacktriangleright \Box$ if the organization disc	continued its operations or dispos	sed of mo	ore than :	25% of its net as	sets.	
ত ≉্ব	3	Number o	of voting members of the governing	g body (Part VI, line 1a)			•	3	26
es es	4	Number o	of independent voting members of	the governing body (Part VI, line	1b) .			4	25
<u> </u>	5	Total num	nber of individuals employed in cal	endar year 2019 (Part V, line 2a)				5	346
Act			nber of volunteers (estimate if nec	, ,				6	1,282
	l		elated business revenue from Part				•	7a	16,860
	b	Net unrel	ated business taxable income from	Form 990-T, line 39				7b	· · · · · · · · · · · · · · · · · · ·
		<u> </u>				-	Prior Year	24	Current Year
₫.	l		consider revenue (Part VIII, line 1h)				33,244,0	_	27,137,383
Ravenue	l		service revenue (Part VIII, line 2g) ent income (Part VIII, column (A), li				6,989,8 860,7	_	8,816,254
œ.			enue (Part VIII, column (A), lines 5	, , ,			651,9	_	2,175,645
			enue—add lines 8 through 11 (mus		12)		41,746,5		38,991,649
			nd similar amounts paid (Part IX, co			-	· ,	0	
			paid to or for members (Part IX, co					0	
ç			other compensation, employee ber	, ,,	5-10)		18,745,0	82	20,042,328
ารค	16a	Professio	nal fundraising fees (Part IX, colum	nn (A), line 11e)			1,797,4	42	1,747,995
Expenses	Ь.	Total fundr	raising expenses (Part IX, column (D), li	ine 25) ▶8,162,349					
ă	17	Other exp	oenses (Part IX, column (A), lines 1	la-11d, 11f-24e)			17,227,0	68	16,319,572
	18	Total exp	enses. Add lines 13–17 (must equa	al Part IX, column (A), line 25)			37,769,5	92	38,109,895
	19	Revenue	less expenses. Subtract line 18 fro	m line 12	•		3,976,9	55	881,754
Ç6.∡						Beginn	ning of Current Ye	ar	End of Year
Net Assets or Fund Balances	20 .	Total acco	ets (Part X, line 16)			\vdash	54,178,4	22	57,841,127
A B			ilities (Part X, line 26)		•		10,374,5		12,649,845
ž.			s or fund balances. Subtract line 2		·		43,803,8	_	45,191,282
	rt II		ature Block				,,.		,,
		alties of pe	erjury, I declare that I have exami						
	eage nowle		f, it is true, correct, and complete.	Declaration of preparer (other tr	nan office	r) is base	ed on all informa	tion of	which preparer has
		T.k.							
		Signatu	* ure of officer				2021-05-14 Date		
Sign Here		IVE VAN	A VOCUTOVA VD Finance (Analysis						
			A YOSHIOKA VP Finance/Analysis r print name and title						
		Pi	rint/Type preparer's name	Preparer's signature	Dat	te		ΓIN	
Paid	t						Check L if P(0187156	3
	- pare	er Fi	irm's name 🕨 BDO USA LLP				Firm's EIN ▶		
_	Onl	⊢	irm's address ► 1801 MARKET STREET S	SUITE 1700			Phone no. (215) 5	64-1900	
		· '	PHILADELPHIA, PA 191						
M-···	he ID	C dias:::	·				1		Yes 🗆 No
ıvıay t	ne IKS	o aiscuss	this return with the preparer show	m abover (see instructions) .				' ▼'	res∟INO

Form	990 (2019)					Page 2
Pa	rt III Stateme	ent of Program Se	rvice Accomplis	hments		
	 Check if S	Schedule O contains a	response or note to	any line in this Part III		🗸
1	Briefly describe t	he organization's miss	ion:			
SEE :	SCHEDULE O					
_	5.1.1					
2	-			- ·	which were not listed on	
	the prior Form 99					🗌 Yes 🗹 No
	•	these new services o				
3	Did the organizat	tion cease conducting,	or make significant	changes in how it cond	lucts, any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe	these changes on Sci	nedule O.			
4	Section 501(c)(3	anization's program se) and 501(c)(4) organ venue, if any, for eacl	izations are required	I to report the amount	e largest program services, as m of grants and allocations to othe	easured by expenses. rs, the total
4a	(Code:) (Expenses \$	13,992,563	including grants of \$) (Revenue \$	3,807,071)
	See Additional Data	ı				_
4b	(Code:) (Expenses \$	10,053,115	including grants of \$) (Revenue \$	6,964,384)
	See Additional Data	ı				
4c	(Code:) (Expenses \$	3,025,271	including grants of \$) (Revenue \$)
	See Additional Data	1				
4d	Other program s	ervices (Describe in S	chedule O.)			
	(Expenses \$	895,591	including grants of	\$) (Revenue \$	140,233)
4e	Total program	service expenses >	27,966,5	340		
						Form 990 (2019)

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Par	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 뉯	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III $\ref{20}$.	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 91	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII "	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17	Yes	

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

18

19

20a

20b

21

Nο

Nο

Nο

Nο

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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

18

19

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Part	Checklist of Required Schedules (continued)			
_			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Parl	Statements Regarding Other IRS Filings and Tax Compliance		'	
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 175		Yes	No

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1b

1c

Yes

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b 5c		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	_		N1 -
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines 🗸
Se	ction A. Governing Body and Management			
1.	Enter the number of voting manchers of the governing hady at the and of the tay year.	\Box	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing	-		
	body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
	Did the organization delegate control over management duties customarily performed by or under the direct supervisior of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
		\square	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
.1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
.2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
.3	Did the organization have a written whistleblower policy?	13	Yes	
4	Did the organization have a written document retention and destruction policy?	14	Yes	
.5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
.6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			i
	· · · · · · · · · · · · · · · · · · ·	16b		
	Ction C. Disclosure			
.7	List the states with which a copy of this Form 990 is required to be filed ► NJ , PA			
	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
.9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►KEVIN A YOSHIOKA 150 NORTH SIXTH STREET PHILADELPHIA, PA 19106 (215) 351-1200			

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A)	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any new powers of the organization or any new powers or trustees or trustees that received, in the capacity as a former director, or trustee. (B) A Reportable compensation or trustee of the organization or trustee. (C) (B) A Reportable compensation or from the organization or end to the compensation organization organizat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (A) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organization organization organization orga	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization. See instructions for the order in which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization organization organization organization organization organization	year.		•						, ,		-	n's ta	Κ
List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ● List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organization and any related organization. ● List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ● List all of the organization than \$10,000 of reportable compensation from the organization nor any related organization and any related organization compensated any current officer, director, or trustee.	of compensation. Enter -0- in columns (D), (E), and (F) if no	compe	nsati	on w	/as	oaid.		.,				
who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization organization nor any related organization organization organization (W-2/1099-MISC) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any neithe													
■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rel	ated	
	See Additional Data Table												
													—
													—

Part VII

(A) Name and title	(B) Average hours per week (list any hours for related	than d	ne b	n off or/t	t che inles ficer	eck moss pers and a ee)	on	Repe compe fro organ	(D) ortable ensation m the nization	(E) Reportable compensation from related organizations	5	(F) Estima amount o compens from	ated of other sation the
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		!/1099- ISC)	(W-2/1099- MISC)		organizat relat organiza	ed
See Additional Data Table													
1b Sub-Total		Α.				P		2,	519,953		0		289,834
2 Total number of individuals (including of reportable compensation from the	but not limited	to thos			bove	e) who	rece	eived mo	re than \$:	100,000	•		
												Yes	No
3 Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k				or hi	ghest cor	mpensated	l employee on	3		No
4 For any individual listed on line 1a, is organization and related organization individual										m the	4	Yes	
5 Did any person listed on line 1a receive services rendered to the organization		•						-	tion or inc	lividual for	5	100	No
Section B. Independent Contract													
Complete this table for your five high- from the organization. Report comper											mpens	ation	
Name a	(A) nd business addre	ess							Des	(B) cription of services		(C Comper	
Trains Towers Inc, PO Box 16 HADDON HEIGHTS, NJ 08035									Install Equi	pment			847,440
Next Generation Fundraising Inc, 1235 Westlakes Drive Suite 130									Direct Resp	onse Mktg			748,727

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

927 Remington Road WYNNEWOOD, PA 19096 Donor Development Strategies LLC, 141 Union Boulevard Suite 300

Arts Advance Inc,

compensation from the organization ▶ 22

LAKEWOOD, CO 80228

Allegiance Fundraising LLC, 3064 49th Street South FARGO, ND 58104

394,556

380,860

326,731

Program Production

Door-to-Door Canvass

Direct Response Mktg

orm 9 Part		(2019) Statement	of F	Revenue						Page 9
		Check if Scheo	dule	O contains a	respo	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1a	Federated campa	aigns		1 a			revenue		312 - 314
Contributions, Gifts, Grants and Other Similar Amounts	Ь	Membership dues	s .	. [1b	18,872,784				
Gra not	C	: Fundraising even	its .	. [1c					
IS, (Related organiza		-	1d					
Gif ilar		Government grants		<u> </u>	1e	282,143				
ns, Sim	f	All other contributio	ns, q	ifts, grants,	 					
er S		and similar amounts above			1 f	7,982,456				
혈美	g	Noncash contributio	ns in	cluded in						
Contr and (lines 1a - 1f:\$		L	1 g	500,213				
<u>ತ</u>	h	n Total. Add lines	1a-1	f	•	•	27,137,383			
						Business Code	0.014.054	0.700.004	45.050	
	2a	PROGRAM CONTRACT	rs &	OTHER PROJEC	TS	515100	8,816,254	8,799,394	16,860	0
Program Service Revenue										
ex ex	b									
e B	c									
ž.	_									
ري د	d									
grar	e									
ď	-									
	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	•	8,816,254		'		
		nvestment income			nds, i		475,558	3		475,558
		imilar amounts) . ncome from invest		 It of tax-exen	• npt bo	ond proceeds •				,
		Royalties				•	30.156	3		20,158
				(i) Real		(ii) Personal				
	62	Gross rents	6a		50,053					
		Less: rental	Va		50,053		-			
		expenses	6b							
		Rental income or (loss)	6c	,	50,053		0			
		Net rental income			• • •		60,053	3		60,053
				(i) Securit	ies	(ii) Other				
	7a	Gross amount	7a	6.5	10.250					
		from sales of assets other	/ a	6,5	19,350					
		than inventory Less: cost or					-			
	_	other basis and sales expenses	7b	6,13	32,541					
		•					-			
		Gain or (loss)	7с	38	36,809)				
		Net gain or (loss)		ising events			386,809)		386,809
e n		Gross income from fu (not including \$		of						
Other Revenue		contributions reported See Part IV, line 18		line 1c).		0				
Re		Less: direct expen			8a 8b	0				
er		Net income or (los				ents 🕨				
₽										
_		Gross income from See Part IV, line 19				0				
		Less: direct expen			9a 9b	0	_			
		Net income or (los								
		Gross sales of inve				0				
		Less: cost of good			10a 10b	0				
		Net income or (los								
-		Miscellaneo	_		IIVEIIL	Business Code				
	11 a	aFCC REPACK FUN	DIN	G		51510	1,620,860	1,620,860		
	b	CHANNEL SHARIN	IG IN	NCOME		51510	0 416,150	416,150		
	c	OTHER INCOME				51510	0 58,424	58,424		
	d	All other revenue	•							
	e	Total. Add lines 1	1a-:	l1d		•	2,095,434	4		
	12	Total revenue. S	ee ir	structions .					10.00	042.530
						·	38,991,649	10,894,828	16,860	942,578 Form 990 (2019)

key employees	ge 10
Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 21 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) 7 Other salaries and wages 14,911,933 11,331,263 624,149 2,9 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 1 (A) Total expenses Program service expenses Program service expenses 0 Under program service expenses 0 Under program service expenses 1 1,596,030 1 1,596,030 1 1,596,030 1 1,596,030 1 1,596,030 1 1,596,030 1 1,596,030 2 1,596,030 3 1,596,030 3 1,596,030 4 1,596,030 4 1,596,030 4 1,596,030 5 1,596,030 5 1,596,030 6 1,596,030 6 2,149 6 2,996 6 2,149 7 2,996 8 Pension plan accruals and contributions (include section 401 Under program service 1 0 0 Under program prog	
Total expenses Total expenses Program service expenses Program service expenses Program service expenses Program service expenses	<u> </u>
domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	J
Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	
governments, and foreign individuals. See Part IV, lines 15 and 16	
5 Compensation of current officers, directors, trustees, and key employees	
key employees	
defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	.5,848
7 Other salaries and wages	
(k) and 403(b) employer contributions)	6,521
	1,569
9 Other employee benefits	23,711
10 Payroll taxes	7,346
11 Fees for services (non-employees):	
a Management	
b Legal	
c Accounting	3,902
d Lobbying	
e Professional fundraising services. See Part IV, line 17 1,747,995 1,7	7,995
f Investment management fees 0	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 674,461 568,037 51,665	4,759
12 Advertising and promotion	21,732
13 Office expenses	3,145
14 Information technology	7,685
15 Royalties 0	
16 Occupancy	3,125
17 Travel	35,318
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	
19 Conferences, conventions, and meetings 0	
20 Interest	34,183
21 Payments to affiliates	
22 Depreciation, depletion, and amortization	
23 Insurance	.0,239
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
a PRODUCTION/ACQUISITION COSTS 7,325,287 7,325,287 0	0
b MEMBERSHIP & DEVELOPMENT EXP 1,415,979 0 0 1,4	.5,979
c TRANSMITTER/STUDIO MAINT 881,049 0	0
d POSTAGE & DELIVERY 165,972 5,246 1,656 1	9,070
e All other expenses 719,523 462,474 96,827 1	0,222
25 Total functional expenses. Add lines 1 through 24e 38,109,895 27,966,540 1,981,006 8,1	2,349
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).	

Form 990 (2019)

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

٥ 29

Assets 30 1.690.926

0 5

0 6 0

51.988

234,129

14,909,698

20,021,972

6,276,790

54,178,422

3,912,119

1,326,476

4,800,185

335,785

10.374.565

31,917,807

11,886,050

43,803,857

54,178,422

7

10c

11

12

14

15

16

17

19

22

23

25

26

27

28

29

30

31

32

33

0

0 13

0

0 18

0 20

0 21

0 24 Page **11**

807.248

54.168

196,217

16,289,061

21,386,457

6,620,821

57,841,127

3.280.403

1.043.385

8,326,057

12.649.845

34,746,594

10,444,688

45,191,282

57,841,127

Form 990 (2019)

0

0

0

0

0

Check if Schedule O contains a response or note to any line in this Part IX .

		Beginning or year		End of year
1	Cash-non-interest-bearing	2,823,801	1	5,389,701
2	Savings and temporary cash investments	1,488,076	2	1,079,405
3	Pledges and grants receivable, net	6,681,042	3	6,018,049

44,140,584

27,851,523

Accounts receivable, net Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

10a

10b

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net

Inventories for sale or use Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . .

Investments—other securities. See Part IV, line 11 . . .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \end{and} \)

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11 .

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID: **Software Version:**

EIN: 23-1438083 Name: WHYY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

See Schedule O

Form 990, Part III, Line 4b: See Schedule O

Form 990, Part III, Line 4c: See Schedule O

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable hours per than one box, unless compensation compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Daniel B Miller

Sandra Clark

Kevin Yoshioka

Executive Producer - Fresh Air

VP, News & Civic Dialogue

VP, Finance & Analysis

Marjorie Moss-Coane

Host - Radio Times

Arthur Ellis

Ruth Clauser

Rosanne Oleyn

.......

VP, Comms & Member Relations

VP, Inst Advancement thru 9/19

VP, Administrative Services

......

......

	ally flours	anu	a un	ecto	•	usice	,	Organization	Organizacions	i i ii
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
William J Marrazzo	40.0	Х		x				703,369	0	36,640
President and CEO	0.0							, 03,303	3	30,040
Terry Gross	40.0					X		351,110	0	36,565
Host - Fresh Air	0.0								-	
Kyra G McGrath President,Ventures/Enterprises	40.0			х				323,045	0	43,405

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208,742

194,660

142,437

140,253

148,954

154,389

152,994

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30,701

43,206

36,738

27,223

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(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and	a dir	ecto		ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
L Frederick Sutherland Chairman of the Board	0.0	Х		×				0	0	0	
John F Salveson Vice-Chairman of the Board	0.0	х		х				0	0	0	
Larry Weiss Treasurer	0.0	Х		х				0	0	0	
Barbara C Bisgaier Secretary	0.0	Х		x				0	0	0	
Craig L Adams Director	0.0	Х						0	0	0	

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Secretary
Craig L Adams
Director
Robert D Auritt

Director

Director

Director

Director

Barbara A Austell

Steven Scott Bradley

Benito Cachinero-Sanchez

The Honorable Michael Castle

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours	and a director/trustee)						organization	organizations	from the organization and	
	for related organizations below dotted line)	tations of displaying the displaying		(W- 2/1099- MISC) (W- 2/1099- MISC)		related organizations					
Walter D'Alessio	1.0	X						0	0	0	
Director	0.0								-		
Nina Gussack	1.0	Х						0	0	0	
Director	0.0									_	
La-Toya P Hackney	1.0	X						0	0	0	
Director	0.0										
Eric G Helt Director	1.0	Х						0	0	0	
- Director	0.0										

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La-Toya P Hackney	1.0	X			
Director	0.0	^			
Eric G Helt	1.0	×			
Director	0.0	,,			
Christopher Lukach	1.0	V			

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and Independent Contractors

Director

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Ralph Muller

William B Petersen

Vivian Weyerhaeuser Piasecki

Chervl D Maddox

Tracy L Maeter

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

and a director/trustee)

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Director

Director

Director

Helen Stimson

Stephanie Zarus

								(14, 2/4,000	(14) 2/4000	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Charles P Pizzi Director	0.0	Х						0	0	0
Wendell E Pritchett Director	0.0	Х						0	0	0
Michael Sneed	1.0									

efil	e GR/	APHIC pri	1t - DO NOT PROCESS	As Filed Data -			DLN: 9	3493134068741
SCI	HFD	ULE A	Public (Charity Statu	s and Bul	alic Supp	ort	OMB No. 1545-0047
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) o empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nie Service ne organiza	tion				Employer identific	
WHYY	INC						23-1438083	
	rt I		for Public Charity Statu				See instructions.	
_	rganız		a private foundation because	•	•		(A)(!)	
1		•	onvention of churches, or as:					
2			scribed in section 170(b)(1		,	, ,		
3		·	or a cooperative hospital serv	-			-	
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:						
5		_	ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7	✓		ation that normally receives a ro(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the genera	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. Se					ege or university or a
10		from activit	ation that normally receives: ties related to its exempt fun- income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations d through 12d that describes	escribed in section 5	i09(a)(1) or se c	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization supents of the supporting organization supporting organizations A a	tion vested in the sar				
c		Type III f	unctionally integrated. A s organization(s) (see instruction	upporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated. The organization (s). You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization receiv or Type III non-functionally	ed a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter				-		<u> </u>	
g			ing information about the su	·	т'			
	(i) N	Name of supported of the second of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
			<u> </u>					
Tota			tion Act Notice, see the In		Cat. No. 11285		Schedule A (Form 9	

Page 2

If the organization failed to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support			, ,				_
_	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(a)	2019	(f) Total
	(or fiscal year beginning in) ▶	(a) 2015	(D) 2016	(6) 2017	(d) 2018	(e).	2019	(I) IOLAI
1	Gifts, grants, contributions, and	24.050.664	25 447 052	27.744.466	22 244 004	2	7 4 2 7 202	120 201 117
	membership fees received. (Do not include any "unusual grant.")	24,850,661	25,417,853	27,744,166	33,244,084	2	7,137,383	138,394,147
2	Tax revenues levied for the						-+	
_	organization's benefit and either							0
	paid to or expended on its behalf							U
	<u></u>						\longrightarrow	
3	The value of services or facilities							0
	furnished by a governmental unit to the organization without charge							U
4	Total. Add lines 1 through 3	24,850,661	25,417,853	27,744,166	33,244,084	2	7,137,383	138,394,147
5	The portion of total contributions by	, ,	, ,	, ,				
_	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							4,078,639
	line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public support. Subtract line 5							134,315,508
	from line 4.							134,313,306
<u>S</u>	ection B. Total Support							
	Calendar year	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e)	2019	(f) Total
-	(or fiscal year beginning in) ► Amounts from line 4.	24,850,661	25,417,853	27,744,166	33,244,084		7,137,383	138,394,147
7 8	Gross income from interest,	24,630,001	23,417,633	27,744,100	33,244,064		7,137,303	130,394,147
0	dividends, payments received on							
	securities loans, rents, royalties	209,473	326,795	476,136	582,695		555,769	2,150,868
	and income from similar sources							
_							\longrightarrow	
9	Net income from unrelated business activities, whether or not							
	the business is regularly carried on							0
	· ·							
10	Other income. Do not include gain							_
	or loss from the sale of capital							0
	assets (Explain in Part VI.) Total support. Add lines 7 through						+	
11	10							140,545,015
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		55,625,274
	First five years. If the Form 990 is for						(c)(3) orga	
								mzacion,
	check this box and stop here					<u></u>	🟲 🗆	
	ection C. Computation of Publi							
14	Public support percentage for 2019 (li					14		95.568 %
	Public support percentage for 2018 Sc					15		94.506 %
16 a	33 1/3% support test—2019. If the							
	and stop here. The organization qual	lifies as a publicly s	supported organiza	tion				. ▶ 🗹
b	33 1/3% support test-2018. If the	ne organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 1,	/3% or n	nore, check	this
	box and stop here. The organization	n qualifies as a pub	licly supported ord	anization				. ▶□
17a	10%-facts-and-circumstances tes	t—2019. If the or	ganization did not	check a box on lin	e 13, 16a, or 16b,	, and line	1 4	
	is 10% or more, and if the organization	on meets the "facts	-and-circumstance	s" test, check this	box and stop he	re. Expl	ain	
	in Part VI how the organization meets	the "facts-and-cir	cumstances" test. '	The organization o	qualifies as a publi	cly supp	orted	_
	organization							🕨 🗌
b	10%-facts-and-circumstances te	st—2018. If the o	rganization did not	check a box on li	ne 13, 16a, 16b, c	or 17a, a		
	15 is 10% or more, and if the organi							
	Explain in Part VI how the organization	on meets the "fact	s-and-circumstanc	es" test. The orga	nization qualifies a	as a publ	icly	_
	supported organization							▶ ⊔
18	Private foundation. If the organizat	ion did not check a	box on line 13, 16	5a, 16b, 17a, or 1	7b, check this box	and see		_

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
```

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection D. All Type III Supporting Organizations		v	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
	documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
		110 2013	Allibant for 2013
1 Distributable amount for 2019 from Section C, line 6		116 2015	Allount for 2013

details in Part VI). See instructions		(
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

Additional Data

Software ID: Software Version:

EIN: 23-1438083

Name: WHYY INC

Part VI
Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

instructions).

Facts And Circumstances Test

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

DLN: 93493134068741

Inspection

Department of the Treasury Internal Revenue Service

EZ)

SCHEDULE C (Form 990 or 990-

> ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B. Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of the organization **Employer identification number** WHYY INC 23-1438083 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") 2 Political campaign activity expenditures (see instructions) 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes ☐ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C Enter the amount directly expended by the filing organization for section 527 exempt function activities 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b......... Did the filing organization file Form 1120-POL for this year? ☐ Yes □ No 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds. If none, enter and promptly and -0-. directly delivered to a separate political

				organization. If none, enter -0
1				
2				
3				
4				
5				
6				
For Paperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-EZ.	Cat.	No. 50084S Schedule C (Form 990 or 990-EZ) 2019

FORM 990, SCHEDULE C, PART II-B,

LINE 1G

Pa	ort II-B Complete if the organization is exempt under section 501(c)(3) and has NO Form 5768 (election under section 501(h)).	OT filed				
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the		((a)		(b)	
ctiv	, , , , , , , , , , , , , , , , , , , ,	Yes	Yes No			nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use o					
а	Volunteers?		No			
b			No	1		
c			No	1		
d	Mailings to members, legislators, or the public?		No			
е			No			
f	Grants to other organizations for lobbying purposes?		No			
q	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			1	16,802
h			No			
i	Other activities?		No			
j	Total. Add lines 1c through 1i				1	16,802
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			1		
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	rt III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	1(c)(5), c	r sect	ion		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Par 1	complete if the organization is exempt under section 501(c)(4), section 50 and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) answered "Yes." Dues, assessments and similar amounts from members	Part III-A			01(c)(6)
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
a		2a 2b				
b	,					
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess of the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?					
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
	art IV Supplemental Information					
	ovide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict), Dart II	A lines	1 25	12/00	
	structions), and Part II-B, line 1. Also, complete this part for any additional information.	not), rait II	-A, illies	± a110	. ∠ (SE	:e
	Return Reference Explanation					

The lobbyists for WHYY Inc. aim to maintain and increase annual support from the State of Delaware and Commonwealth of Pennsylvania.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493134068741

OMB No. 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** WHYY INC 23-1438083 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

Par	3111	Organizations Ma	aintaining Col	lections of	· Art, His	torica	I Tre	asures, o	r Other	Similar As	sets (cont	inued)	
3		the organization's acq (check all that apply):		n, and other r	records, ch	neck any	of th	e following	that are a	significant u	se of its col	lection	
а		Public exhibition				d [] L	oan or exch	nange prog	ırams			
b		Scholarly research				e [☐ c	Other					
С		Preservation for future	generations										
4	Provid Part X	le a description of the GIII.	organization's col	lections and e	explain hov	w they f	urthe	r the organi	ization's e	kempt purpo	se in		
5	During	g the year, did the orga s to be sold to raise fur									☐ Yes	□ N	lo
Par	t IV	Escrow and Cust Complete if the ord X, line 21.			on Form	990, P	art I\	V, line 9, c	or reporte	ed an amou	nt on Forn	n 990,	Part
1a		organization an agent ed on Form 990, Part)								not	Yes	□ N	lo
b	If "Ye:	s," explain the arrange	ment in Part XIII	and complet	e the follo	wing tal	ole:			A	mount		_
c		ning balance		·		-			1c				_
d	Additio	ons during the year .							1d				_
е	Distrib	outions during the year							1e				_
f		g balance							1f				_
2a	Did th	e organization include	an amount on Fo	rm 990, Part	X, line 21	, for esc	row o	r custodial	account lia	ability?	☐ Yes	N	— lo
b		s," explain the arrange								•	_		
Pa	rt V	Endowment Fund											
		Complete if the org	ganization answ										
_				(a) Current		(b) Prior			years back	(d) Three yea		Four yea	
	_	ng of year balance .			518,341	17	,472,1	45	16,486,393	· ·	551,433		683,437
		utions			983,492 242,756	1	,417,8	13	1,178,672		934,165		423,203 209,534
		estment earnings, gair	is, and iosses		12,730	-	, 117,0	13	1,170,072		331,103		
		or scholarships	•										
		expenditures for facilities ograms	es	4	149,635		371,6	17	192,920		99,205		239,840
f	Adminis	strative expenses .											5,833
g	End of	year balance		21,2	294,954	18	,518,3	41	17,472,145	16,	486,393	7,	651,433
2	Provid	le the estimated percei	ntage of the curre	ent year end l	balance (li	ne 1g, c	olumi	n (a)) held a	as:				
а	Board	designated or quasi-e	ndowment 🟲	84.200 %									
b	Perma	nent endowment 🕨	12.400 %										
c	Tempo	orarily restricted endov	vment ► 3.4	00 %									
	The pe	ercentages on lines 2a	, 2b, and 2c shou	ld equal 100%	%.								
3а		ere endowment funds	not in the posses	sion of the or	rganizatior	n that ar	e held	d and admir	nistered fo	r the			
	-	ization by: related organizations									3a(i)	Yes	No No
		elated organizations .									3a(ii)	+-+	No
b		s" on 3a(ii), are the rel									3b	+-+	-140
4		ibe in Part XIII the inte						,					
Pai	t VI	Land, Buildings,	and Equipmer	nt.									
		Complete if the or	ganization answ	vered "Yes"									
	Descrip	otion of property	(a) Cost or oth (investme		(b) Cost or	other bas	sis (oth	ner) (c) Ac	cumulated o	lepreciation	(d) B	ook valu	e
1a	Land .						1,543,	979					1,543,979
b	Building	gs				2	0,782,	.330		10,636,422		10	0,145,908
	_	old improvements											
	Fauinm	· ·		<u> </u>		2	1.814.	275		17.215.101			4.599.174

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

16,289,061

	Complete if the organization answered "Yes" on Form 990, (a) Description of security or category (including name of security)	(b) Book value	ie Ilľ		d of valuation	n:
(1) Financial d	lerivatives					
(2) Closely-he (3)Other	Id equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column ((b) must equal Form 990, Part X, col. (B) line 12.)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV lin	م 11م	See Form 990	Part Y line	13
	(a) Description of investment	raiciv, iii	ie IIC	(b) Book value	(c) Meth	od of valuation:
					Cost or er	id-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		•			
	Other Assets. Complete if the organization answered 'Yes' on Form 990,	Part IV line	- 11d	See Form 990 Par	t X line 15	
	(a) Description					Book value
(2)BROADCAS						4,827,032 1,078,430
	L INTEREST TRUST PROJECT COSTS					562,110 153,249
(5)						•
(6)						
(7)						
(8)						
(9)						
Total. (Columi	n (b) must equal Form 990, Part X, col.(B) line 15.)					6,620,821
	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	e 11e	or 11f.See Form	990, Part)	K, line 25.
1.	(a) Description of liabili				,	(b) Book value
(1) Federal inc	come taxes					0
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
						+
(9)						
(9) (10)						
(10)	b) must equal Form 990, Part X, col.(B) line 25.)					0

2

5

1

2

b

C

d

b

Part XIII

See Additional Data Table

5

3 4

Schedule D (Form 990) 2019

Page 4

633,267

38,991,649

38,991,649

38,237,491

127,596

38,109,895

38.109.895

Schedule D (Form 990) 2019

e	Add lines 2a through 2d .		
3	Subtract line 2e from line 1		

Donated services and use of facilities .

Prior year adjustments

Other (Describe in Part XIII.) . Add lines 2a through 2d .

Subtract line 2e from line 1 .

Return Reference

d	Other (Describe in Part XIII.)
e	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, lir
-	Investment expenses not included on Form (

b	Donated services and use of facilities
c	Recoveries of prior year grants
d	Other (Describe in Part XIII.)
е	Add lines 2a through 2d
3	Subtract line 2e from line 1
4	Amounts included on Form 990, Part VIII, line 12, but n

Net unrealized gains (losses) on investments . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

not on line 1:

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Add lines **4a** and **4b** Part XII

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Other (Describe in Part XIII.) Add lines **4a** and **4b**

Supplemental Information

b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

4b

4a

2a

2b

2c 2d

2a

2b

2c

2d

4a 4b

Explanation

4c 5 1

127,596

337.813

319.038

-23.584

2e 3

2e

3

4c

5

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Information (continued)	
Return Reference Explanation	

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 23-1438083

Name: WHYY INC

Line 4

Supplemental Information

Explanation

Return Reference

The endowment funds are used to support programming and educational programs of WHYY.

Form 990, Schedule D, Part V,

Supplemental Information	
Return Reference	Explanation
Form 990, Schedule D, Part X, Line 2	WHYY IS AN ORGANIZATION DESCRIBED UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE AND IS THEREFORE EXEMPT UNDER SECTION 501(a) OF THE INTERNAL REVENUE CODE. AS OF JUNE 30, 202 0 AND 2019, WHYY DID NOT IDENTIFY ANY UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKE N IN A TAX RETURN WHICH WOULD REQUIRE ADJUSTMENT TO ITS FINANCIAL STATEMENTS. IN ADDITION, WHYY BELIEVES IT HAS NOT ENGAGED IN ANY ACTIVITIES FOR WHICH ITS TAX-EXEMPT STATUS WOULD NOT BE SUSTAINED UNDER INTERNAL REVENUE SERVICE EXAMINATION. WHYY'S INCOME TAX RETURNS ARE GENERALLY OPEN FOR EXAMINATION BY U.S. FEDERAL AND STATE TAXING AUTHORITIES FOR THE PAST THREE YEARS. THE CORPORATION IS NOT CURRENTLY UNDER EXAMINATION BY ANY U.S. FEDERAL OR STA TE INCOME TAXING AUTHORITY. WHYY ENGAGES IN CERTAIN ACTIVITIES UNRELATED TO ITS TAX-EXEMPT PURPOSE. THESE ACTIVITIES RESULT IN UNRELATED BUSINESS INCOME THAT IS TAXABLE AT NORMAL C ORPORATE RATES. THERE WAS NO INCOME TAX PROVISION OR BENEFIT RECORDED FOR THE YEARS ENDED JUNE 30, 2020 AND 2019. AS OF JUNE 30, 2020, WHYY HAS NET OPERATING LOSS CARRY FORWARDS, E XPIRING AT VARIOUS DATES THROUGH 2038. THE DEFERRED TAX ASSET RESULTING FROM THE NET OPERA TING LOSS CARRYFORWARD HAS BEEN FULLY RESERVED SINCE ITS USE IS NOT CONSIDERED MORE-LIKELY -THAN-NOT.

upplemental Information	
Return Reference	Explanation
Form 990, Schedule D, Part XI, Line 2d	Change in Beneficial Interest: \$(23,584)

Sι

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

DLN: 93493134068741

Open to Public Inspection

Name of the organization **Employer identification number** WHYY INC 23-1438083 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations Solicitation of non-government grants ✓ Internet and email solicitations ✓ Solicitation of government grants ✓ Phone solicitations Special fundraising events ✓ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to fundraiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No Next Generation Fundraising Direct Marketing Inc 1235 Westlakes Dr No 2,577,194 748,727 1,828,467 Berwyn, PA 19312 Allegiance Fundraising LLC Direct marketing 3490 US Highway 1 No 323,540 207,988 531,528 Princeton, NJ 08540 Donor Development Strategies Canvassing LLC 141 Union Boulevard Suite 297,703 380,860 No -83,157 300 Lakewood, CO 80228 SDA Teleservices Inc Tele- marketing 5757 W Century Blvd 300 No 218,013 145,153 72,860 Los Angeles, CA 90045 3,624,438 1,598,280 2.026.158

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or

licensing.

	rt II Fundraising Events. Compl				
	than \$15,000 of fundraising		d gross income on Form	990-EZ, lines 1 and	6b. List events with
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
Keverkie					
200					
¥					
	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
	4 Cash prizes				
N T	5 Noncash prizes				
Experises	6 Rent/facility costs				
Š	7 Food and beverages				
Zied Zied	Sentertainment				
2	Other direct expenses	through O in column (d)			
	11 Net income summary. Subtract line 10				
Pai	rt III Gaming. Complete if the org			V, line 19, or reported	l i more than \$15,000
	on Form 990-EZ, line 6a.	1			1
E		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue					
<u>.</u>	1 Gross revenue				
TSe.	2 Cash prizes				
7	3 Noncash prizes				
វ	3 Noncash prizes				
ង ប្ដូ	4 Rent/facility costs				
ži Delo	4 Rent/facility costs				
វ រូវ ភ្ន			☐ Yes%	☐ Yes%	
វ រដ្ឋភ្ជុំ 	4 Rent/facility costs	☐ Yes%	☐ Yes % ☐ No	☐ Yes %	
<u>1</u> 1910 –	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	□ No	1_		
	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2	No	□ No	□ No ►	
	4 Rent/facility costs	No through 5 in column (d)	No	No	
	4 Rent/facility costs	No through 5 in column (d) t line 7 from line 1, column tion conducts gaming activities	No	No ▶ ▶	Ves □No
a b	4 Rent/facility costs	through 5 in column (d) through 5 in column (d)	nn (d)	No	☐ Yes ☐ No
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, column tion conducts gaming activating activities in each column.	No nn (d)	No	
9 a	4 Rent/facility costs	through 5 in column (d) thine 7 from line 1, column cion conducts gaming activities in each column censes revoked, suspend	No nn (d)	No	
a b	4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 8 Net gaming income summary. Subtract the state(s) in which the organization licensed to conduct of If "No," explain:	through 5 in column (d) thine 7 from line 1, column cion conducts gaming activities in each column censes revoked, suspend	No nn (d)	No	

Sche	dule G (Form 990 or 990-EZ) 20	19				F	age 3
11	Does the organization conduct	gaming activities with nonmembers	5?		Yes	Пио	
12	Is the organization a grantor, be formed to administer charitable		member of a partnership or other entity		Yes		
13	Indicate the percentage of gam	ning activity conducted in:					
а	The organization's facility .			13a			%
b	An outside facility			13b			%
14	Enter the name and address of	the person who prepares the organ	nization's gaming/special events books and	records:			
	Name •						
	Address >						
15a			m the organization receives gaming		· Yes	Пио	
b	If "Yes," enter the amount of g	aming revenue received by the orgained by the third party $ ightharpoons$ \$	anization 🕨 \$ and	the			
c	If "Yes," enter name and addre	ss of the third party:					
	Name •						
	Address ▶						
16	Gaming manager information:						
	Name 🟲						
	Gaming manager compensation	1 ▶ \$					
	Description of services provided	d ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor				
17	Mandatory distributions:						
а	<u>-</u>		stributions from the gaming proceeds to		□Yes	Пио	
b	Enter the amount of distributio	ns required under state law distribu	ited to other exempt organizations or spent	:	☐ 1e3		
		pt activities during the tax year					
Pai			ions required by Part I, line 2b, colum licable. Also provide any additional inf				s.
	Return Reference		Explanation				

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	49313	34068	741
Sch	nedule J	Co	mpensati	on Information	OI	MB No.	1545-0	0047
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Complete if the org		ited Employees ered "Yes" on Form 990, Part IV,	line 23.	20		•
Б			▶ Attach	to Form 990. instructions and the latest inform		Open i		
-	tment of the Treasury al Revenue Service	P GO to <u>www.rrs.go</u>	<i>V/ F01111990</i> 101	mstructions and the latest morni	lation.		ectio	
	ne of the organiza YY INC	ation			Employer identifica	tion nu	ımber	
	11110				23-1438083			
Pa	rt I Questi	ons Regarding Compensa	tion					
							Yes	No
1a				the following to or for a person listed y relevant information regarding thes				
		s or charter travel		Housing allowance or residence for p				
	_	companions	님	Payments for business use of person				
		nification and gross-up payments	s ⊔	Health or social club dues or initiation Personal services (e.g., maid, chauff				
	LI Discretion	nary spending account	Ш	Personal services (e.g., maid, chaum	eur, cner)			
b				follow a written policy regarding payn ve? If "No," complete Part III to expla		1b		
2				or allowing expenses incurred by all	. 1.2	2		
	directors, truste	es, officers, including the CEO/E	xecutive Director	r, regarding the items checked on Line	ela?			
3				d to establish the compensation of the	e			
				not check any boxes for methods CEO/Executive Director, but explain ir	n Part III.			
	✓ Compensa	ation committee	✓	Written employment contract				
		ent compensation consultant	☑	Compensation survey or study				
		of other organizations	✓	Approval by the board or compensat	ion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fil	ing organization or a			
а	_	ance payment or change-of-cont	trol payment?			4a		No
b		· ·		ified retirement plan?		4b		No
C	Participate in, o	r receive payment from, an equi	ty-based comper	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	d provide the app	licable amounts for each item in Part	III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9				
5			_	the organization pay or accrue any				
		ontingent on the revenues of:						
а	The organization	1?				5a		No
b						5b		No
	,	5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Sectio ontingent on the net earnings of		the organization pay or accrue any				
а	-	1?				6a		No
b						6b		No
-	•	6a or 6b, describe in Part III.		ala annonimation musicide consume 6				
7				the organization provide any nonfixed rt III		7		No
8	subject to the in	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de				No
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in F	Regulations section	9		No
For F	Panerwork Redu	ction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 50	0053T Schedule J		1 990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, reporting instructions, on row (ii). Do not list any individuals that are not listed on Form State. The sum of columns (B)(i)-(iii) for each listed individual must equal the t	990	, Part VII.						vidual
(A) Name and Title	Jua		kdown of W-2 and/o compensation		(C) Retirement and other	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in
			(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation		(B)(i)-(D)	column (B) reported as deferred on prior Form 990
See Additional Data Table				I	•			



(ii)

(i)

(ii)

(ii)

(i)

(i)

(ii)

(i)

(ii)

(i)

1William J Marrazzo

President and CEO

1Kyra G McGrath

2Sandra Clark

3Ruth Clauser

4Rosanne Oleyn

5Terry Gross

Host - Fresh Air

6Daniel B Miller

7Arthur Ellis

8Kevin Yoshioka

Relations

VP, Comms & Member

VP, Finance & Analysis

9Marjorie Moss-Coane

Host - Radio Times

9/19

President, Ventures/Enterprises

VP, News & Civic Dialogue

VP, Administrative Services

VP, Inst Advancement thru

Executive Producer - Fresh Air

Software ID: **Software Version:**

586,607

287,187

180,407

143,639

107,601

343,866

202,785

136,528

133,997

134,224

EIN: 23-1438083 Name: WHYY INC

16,762

6,858

1,753

45,393

6,858

5,575

3,426

690

5,621

14,000

14,000

9,871

853

6,767

14,000

10,674

6,898

5,481

6,963

(E) Total of columns

(B)(i)-(D)

740,009

366,450

237,866

164,274

161,834

387,675

239,443

165,585

179,175

167,476

22,640

29,405

33,335

9,032

2,073

22,565

20,027

9,733

31,257

20,260

(F) Compensation in

column (B) reported as deferred on prior Form 990

Form 990,	, Schedule J, I	Part II - Officer	s, Directors,	, Trustees,	Key Employees	, and Highest Com	pensate	d Employees	
(1	(5) 5		1/ 1000		(6) 0 1		(5)	

,		,,	,p.o, ooo, aa	.g	
A) Name and Title	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable
	(i) Base Compensation	(ii)	(iii)	other deferred	benefits

) Name and Title	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits

100,000

29,000

12,500

10,750

386

382

9,000

7,750

408

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134068741 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** WHYY INC 23-1438083 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles Χ 813 401,353 Auction 7 Boats and planes . . 8 Intellectual property . . . Securities—Publicly traded . Χ 98,860 STOCK QUOTES 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ► (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 2 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Yes **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
is reporting in Part I, col	ation. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization umn (b), the number of contributions, the number of items received, or a combination of both. Also by additional information.
Return Reference	Explanation
	WHYY USES BROKER UBS TO RECEIVE AND SELL DONATED STOCK. WHYY uses a third party vendor to process vehicle donations.
	Schedule M (Form 990) (2019)

efile GRAPHIC p	rint - DO NOT PROCESS As Filed Data -	DLN:	93493134068741
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury	Complete to provide information for responses to specific of Form 990 or 990-EZ or to provide any additional information by Attach to Form 990 or 990-EZ.	OMB No. 1545-0047 2019 Open to Public Inspection	
প্রান্ত Betherofganizat WHYY INC 990 Schedule O, S	tion Supplemental Information	Employer ident 23-1438083	fication number
Return Reference	Explanation		
ORGANIZATION'S MISSION-FORM 990, PART III, LINE 1	WHYY is the Philadelphia region's leading public media provider, serving south vania, southern New Jersey, and all of Delaware. WHYY produces and distribut formation, arts and culture, and education programs on television, radio, the will be devices. WHYY reaches and engages about 616,000 television viewers and steners a week and nearly 2 million unique monthly website visitors to Whyy, on the website visitors and audience in excess of 5.4 million listeners a week hrough distribution of "Fresh Air". Fresh Air with Terry Gross, which covers poper and public affairs, is now heard by over 5.4 million people each week on sor cradio stations. Fresh Air receives in excess of 3.9 million downloads per week.	utes news and in eb and mobi 1478,000 radio li rg. In additi c primarily t pular cultu me 654 publi	

Return Reference	Explanation
PROGRAM SERVICES- FORM 990, PART III, LINE 4A	Television Programming: WHYY provides news and information, arts and culture and children's programming on three 24/7 broadcast channels as well as online, via cable, on-demand ser vices and on mobile devices. WHYY-TV offers a varied blend of the best national programmin g along with WHYY's local content. Local WHYY video productions include You Oughta Know, a guide to people, places and events you might not know about in the Philadelphia region; O n Stage at Curtis, presenting student recitals taped at the world-renowned Curtis Institut e of Music; Movers & Makers, introduces fascinating people and interesting places in the g reater Philadelphia region that explores the vibrant local arts scene and creators making an impact on our community; and Flicks which provides up-to-the-minute coverage of top fil ms, stars and moviemakers.

PROGRAM SERVICES-FORM 990, PART III, LINE 4B Radio Programming: WHYY-FM'S NEWS AND INFORMATION FORMAT OFFERS THE REGION A COMPREHENSIVE RADIO SERVICE. WHYY-FM HAS A WELL-DESERVED REPUTATION AS A TRUSTED SOURCE OF NEWS AND INFORMATION, COMBINING SUCH NPR PROGRAMS AS MORNING EDITION AND ALL THINGS CONSIDERED WITH RE PORTS FROM WHYY'S LOCAL NEWS TEAM. WHYY IS ALSO THE PRODUCER OF RADIO TIMES, AN ENGAGING A ND THOUGHT-PROVOKING INTERVIEW PROGRAM THAT EXAMINES REGIONAL, NATIONAL, AND INTERNATIONAL NEWS; FRESH AIR WITH TERRY GROSS, WHICH COVERS POPULAR CULTURE AND PUBLIC AFFAIRS AND IS NOW HEARD BY OVER 5.4 MILLION PEOPLE EACH WEEK ON SOME 654 PUBLIC RADIO STATIONS; AS WELL AND INNOVATION. PODCASTS SUCH AS A.I. NATION, FAMILY FAVORITE ELEANOR AMPLIFIED AND THE LIMITED SERIES SCHOOLED, OFFER CONTENT ONLINE TO FULFILL WHYY'S STRATEGIC FOCUS ON DELIVERING CONTENT ACROSS MULTIPLE PLATFORMS. ALL OF WHYY'S AUDIO PROGRAMMING IS ALSO AVAILABLE ON WHYY.ORG AS STREAMING CONTENT AND PODCAST.	Return Reference	Explanation
<u> </u>	SERVICES- FORM 990, PART III,	RADIO SERVICE. WHYY-FM HAS A WELL-DESERVED REPUTATION AS A TRUSTED SOURCE OF NEWS AND INF ORMATION, COMBINING SUCH NPR PROGRAMS AS MORNING EDITION AND ALL THINGS CONSIDERED WITH RE PORTS FROM WHYY'S LOCAL NEWS TEAM. WHYY IS ALSO THE PRODUCER OF RADIO TIMES, AN ENGAGING A ND THOUGHT-PROVOKING INTERVIEW PROGRAM THAT EXAMINES REGIONAL, NATIONAL, AND INTERNATIONAL NEWS; FRESH AIR WITH TERRY GROSS, WHICH COVERS POPULAR CULTURE AND PUBLIC AFFAIRS AND IS NOW HEARD BY OVER 5.4 MILLION PEOPLE EACH WEEK ON SOME 654 PUBLIC RADIO STATIONS; AS WELL AS THE PULSE, A WEEKLY PROGRAM FEATURING REPORTING AND STORYTELLING AROUND HEALTH, SCIENCE AND INNOVATION. PODCASTS SUCH AS A.I. NATION, FAMILY FAVORITE ELEANOR AMPLIFIED AND THE L IMITED SERIES SCHOOLED, OFFER CONTENT ONLINE TO FULFILL WHYY'S STRATEGIC FOCUS ON DELIVERING CONTENT ACROSS MULTIPLE PLATFORMS. ALL OF WHYY'S AUDIO PROGRAMMING IS ALSO AVAILABLE ON

Return Reference	Explanation
PROGRAM SERVICES- FORM 990, PART III, LINE 4C	Online Services: WHYY.org is the organization's online home delivering news and dialogue t o nearly 2 million unique users each month. Special sections are devoted to arts and cultu re, health and science and special interest blogs. WHYY content is also widely distributed through social media. WHYY.org provides access to on-demand program content, FM and TV sc hedules and general information about WHYY.

Return

Reference		
ALL OTHER PROGRAMS- FORM 990, PART III, LINE 4D	WHYY continues to help increase student engagement with widely successful video and audio production classes, afterschool programs, summer camps and in-school Media Labs. For the p ast decade, WHYY programming has taught young people to explore their environment, problem solve, tell stories and succeed in creative professions. WHYY engaged 3,300 students, tea chers and community members in FY20 in hands-on media arts training through the program. To date, WHYY has now surpassed 20,000 total students, teachers and community members since it began its media arts training programs. WHYY now provides 45 media labs in Philadelphi a schools. IMPACT & COMMUNITY FEEDBACK Participant surveys found that the students and tea chers learn video and audio production, critical thinking, STEM education skills and problem solving, research, develop a strong sense of self-efficacy and are better prepared for a wide variety of workplaces. Students are also learning valuable life skills like how to work in teams, how to plan projects and how to solve difficult problems.	

Explanation

Return Reference	Explanation
FORM 990 REVIEW	The Form 990 was reviewed prior to filing at a meeting of the Finance Committee of the Boa
PROCESS-	rd. WHYY provided a copy of the Form 990 to all Board members immediately after the review by the Finance Committee via a secure website. The Form 990 was available on the website
FORM 990, PART VI.	until WHYY filed the return.
SECTION B,	
LINE 11B	

Return Reference	Explanation
CONFLICT OF INTEREST POLICY- FORM 990, PART VI, SECTION B, LN 12C	Members of the WHYY Board of Directors complete an annual survey to determine, among other issues, if they have an interest in another media organization, or an interest in an orga nization whose application was dismissed or denied by the FCC for prejudice or due to a ch aracter issue. If a conflict were to arise, it would be reviewed by the CEO in consultatio n with the Board Chairman (or Vice Chairman if the Chairman were the party to the conflict). If it is determined that a conflict exists, that Member of the Board would be asked to recuse him or herself from any related matters.

Return Reference	Explanation
	The WHYY Board follows best practices in establishing its executive compensation program, depending exclusively upon advice and analysis from recognized independent consultants. Th
	e resultant executive compensation arrangements contain an appropriate mix of base salary

990. PART VI. as well as variable short and long-term benefits tied to performance metrics. Compensation

SECTION B. design is therefore driven to be competitive with other regional for- and not-for-profits LN 15A of similar size and complexity in and out of the Media Sector.

Return Reference	Explanation
PUBLIC AVAIL OF FINANCIALS- FORM 990, PART VI, SECTION C, LINE 19	Upon request of a member of the public, all such policies and statements are available for inspection. All are housed in either WHYY's Public Files or the Legal or Human Resources Department.

990 Schedule O, Supplemental Information

Return
Reference

Explanation

CHANGES IN NET ASSETS, FORM 990, PART XI,	CHANGE IN VALUE OF BENEFICIAL INTEREST IN PERPETUAL TRUSTS: (\$23,584)
PART XI, LINE 9	